

B 25C (Official Form 25C) (12/08)

UNITED STATES BANKRUPTCY COURT

In re Pilgrim Medical Center

Debtor

Case No. 16-15414

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: January, 2017

Date filed: 06/19/2017

Line of Business: Medical Services

NAISC Code: _____

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:


Original Signature of Responsible Party

Nicholas V. Campanella, MD

Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

	Yes	No
1. IS THE BUSINESS STILL OPERATING?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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- | | | |
|---|--------------------------|-------------------------------------|
| 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS? ☐ ☒

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL INCOME \$ 195,351.79

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month \$ 29,027.41

Cash on Hand at End of Month \$ 36,411.72

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU TOTAL \$ 36,411.72

(Exhibit B)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL EXPENSES \$ 194,985.07

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B) \$ 195,155.59

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C) \$ 194,985.07

(Subtract Line C from Line B) CASH PROFIT FOR THE MONTH \$ 170.52

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UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL PAYABLES \$ _____

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL RECEIVABLES \$ _____

(Exhibit E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?	21
NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?	20

PROFESSIONAL FEES

BANKRUPTCY RELATED:

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?	\$ 8,099.65
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TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?	\$ 73,474.65
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NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD?	\$ 11,486.54
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TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE?	\$ 44,896.65
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PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ _____	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____	\$ _____
CASH PROFIT	\$ _____	\$ _____	\$ _____

TOTAL PROJECTED INCOME FOR THE NEXT MONTH:	\$ 156,000.00
TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:	\$ 156,000.00
TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:	\$ 0.00

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

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06/19/17

PILGRIM MEDICAL CENTER INC Transactions by Account

Cash Basis

As of January 31, 2017

Type	Date	Num	Adj	Name	Split	Debit	Credit	Balance
TD Bank-9126 Debtor in Possessi								1,466.27
Check	01/04/2017	1045		Medical Recor...			158.00	1,308.27
Total TD Bank-9126 Debtor in Possessi						0.00	158.00	1,308.27
Valley National Bank								27,561.14
Deposit	01/03/2017				Insurance Pay...	2,600.00		30,161.14
Check	01/03/2017			BANKCARD MTOT ...	Credit Card Ex...		310.88	29,850.26
Deposit	01/03/2017				Patient Income	525.00		30,375.26
Deposit	01/04/2017				Insurance Pay...	649.49		31,024.75
Deposit	01/04/2017				Patient Income	3,733.60		34,758.35
Deposit	01/04/2017				Patient Income	974.00		35,732.35
Check	01/05/2017			United Healthcare A...	Medicare Pra...		78.10	35,654.25
Check	01/05/2017			United Healthcare A...	Medicare Pra...		80.20	35,574.05
Check	01/05/2017			United Healthcare	Medicare Pre...		364.46	35,209.59
Deposit	01/05/2017				Patient Income	1,100.00		36,309.59
Deposit	01/06/2017				Insurance Pay...	14,856.00		51,165.59
Check	01/06/2017			ADP Payroll Fees	Payroll Fees		15.00	51,150.59
Deposit	01/09/2017				Patient Income	70.00		51,220.59
Deposit	01/09/2017				Patient Income	1,747.20		52,967.79
Deposit	01/09/2017				Patient Income	3,546.40		56,514.19
Deposit	01/09/2017				Patient Income	315.00		56,829.19
Deposit	01/10/2017				Insurance Pay...	1,000.00		57,829.19
Check	01/10/2017			Payroll Taxes	Payroll Taxes		326.26	57,502.93
Check	01/10/2017			Payroll Taxes	Payroll Taxes		17,763.39	39,739.54
Check	01/10/2017			PAYROLL	-SPLIT-		32,074.42	7,665.12
Deposit	01/11/2017				Patient Income	613.60		8,278.72
Deposit	01/11/2017				Patient Income	766.00		9,044.72
Deposit	01/12/2017				Patient Income	436.80		9,481.52
Deposit	01/12/2017				Patient Income	563.00		10,044.52
Deposit	01/12/2017				Insurance Pay...	775.00		10,819.52
Deposit	01/13/2017				Insurance Pay...	12,525.00		23,344.52
Check	01/13/2017			Pilgrim Practice Ma...	Due To Pilgrim...		5,000.00	18,344.52
Check	01/14/2017	1228		CASH	Petty Cash		1,500.00	16,844.52
Deposit	01/17/2017				Patient Income	723.00		17,567.52
Check	01/17/2017			MONTCLAIR SUR...	Loan Receiv...		436.80	17,130.72
Deposit	01/17/2017				Patient Income	644.80		17,775.52
Deposit	01/17/2017				Patient Income	1,133.60		18,909.12
Deposit	01/18/2017				Insurance Pay...	750.00		19,659.12
Deposit	01/18/2017				Insurance Pay...	4,850.00		24,509.12
Deposit	01/18/2017				Patient Income	2,007.20		26,516.32
Deposit	01/18/2017				-SPLIT-	1,085.80		27,602.12
Deposit	01/19/2017				-SPLIT-	2,597.10		30,199.22
Deposit	01/20/2017				-SPLIT-	23,060.00		53,259.22
Check	01/20/2017			ADP Payroll Fees	Payroll Fees		15.00	53,244.22
Check	01/20/2017			CMS Medicare	Medicare Pre...		504.80	52,739.42
Check	01/20/2017			CMS Medicare	Medicare Pre...		504.80	52,234.62
Deposit	01/23/2017				-SPLIT-	4,603.00		56,837.62
Deposit	01/24/2017				Insurance Pay...	4,445.00		61,282.62
Check	01/24/2017			Payroll Taxes	Payroll Taxes		316.42	60,966.20
Check	01/24/2017			Payroll Taxes	Payroll Taxes		17,227.07	43,739.13
Check	01/24/2017			PAYROLL	-SPLIT-		30,896.04	12,743.09
Deposit	01/25/2017			Payroll Taxes	Payroll Taxes	1,044.12		13,787.21
Check	01/25/2017			ADP Payroll Fees	Payroll Fees		189.90	13,597.31
Deposit	01/25/2017				-SPLIT-	2,551.20		16,148.51
Check	01/25/2017			Payroll Taxes	Payroll Taxes		1.33	16,147.18
Check	01/25/2017			Payroll Taxes	Payroll Taxes		1,235.20	14,911.98
Deposit	01/26/2017				-SPLIT-	2,993.60		17,905.58
Check	01/26/2017			Payroll Taxes	Payroll Taxes		24.33	17,881.25
Check	01/26/2017			MONTCLAIR SUR...	Loan Receiv...		133.60	17,747.65
Deposit	01/27/2017				-SPLIT-	26,259.00		44,006.65
Check	01/27/2017			Pilgrim Practice Ma...	Due To Pilgrim...		14,000.00	30,006.65
Check	01/28/2017	1229		DIANE STEIN	Outside Servic...		1,749.60	28,257.05
Deposit	01/30/2017				-SPLIT-	7,133.20		35,390.25
Check	01/31/2017			BANKCARD MTOT ...	Patient Income		280.80	35,109.45
Check	01/31/2017				Bank Service ...		6.00	35,103.45
Total Valley National Bank						132,676.71	125,134.40	35,103.45
TOTAL						132,676.71	125,292.40	36,411.72

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PILGRIM MEDICAL CENTER INC

06/19/17

Profit & Loss

Cash Basis

January 2017

	Jan 17
Ordinary Income/Expense	
Income	
Fee for Service Income	195,351.79
Refunds	-196.20
Total Income	195,155.59
Gross Profit	195,155.59
Expense	
Accounting	744.54
Advertising and Promotion	0.00
Ambulatory Assessment Tax	12,960.17
Automobile Expense	345.71
Bank Service Charges	6.00
Continuing Education	656.55
Credit Card Expenses	310.88
Dues and Subscriptions	336.17
Equip Lease	413.21
Insurance Expense	11,785.98
Interest Expense	0.00
Licenses and Permits	406.11
Meals and Entertainment	100.23
Medical Records and Supplies	16,534.56
Office Supplies	6,655.66
Outside Services	15,550.62
Payroll Fees	219.90
Payroll Taxes	11,514.58
Petty Cash	1,500.00
Professional Fees	19,586.19
Repairs and Maintenance	3,705.65
Salaries and Wages	88,351.25
Security Expenses	0.00
Supplies	242.01
Telephone Expense	2,731.95
Utilities	0.00
Waste Removal	327.15
Total Expense	194,985.07
Net Ordinary Income	170.52
Net Income	170.52



America's Most Convenient Bank®

T STATEMENT OF ACCOUNT

PILGRIM MEDICAL CENTER INC
DIP CASE 16-15414 DIST NJ
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3505

Page: 1 of 2
Statement Period: Jan 01 2017-Jan 31 2017
Cust Ref #:
Primary Account #:

Chapter 11 Checking

PILGRIM MEDICAL CENTER INC
DIP CASE 16-15414 DIST NJ

Account #

ACCOUNT SUMMARY

Beginning Balance	1,466.27	Average Collected Balance	1,323.56
Checks Paid	158.00	Annual Percentage Yield Earned	0.00%
Ending Balance	1,308.27	Days in Period	31

	Total for This Period	Total Prior Year
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees (NSF)	\$0.00	\$35.00

DAILY ACCOUNT ACTIVITY

Checks Paid	No. Checks: 1	*Indicates break in serial sequence or check processed electronically and listed under Electronic Payments
DATE	SERIAL NO.	AMOUNT
1/4	1045	158.00
		Subtotal:
		158.00

DAILY BALANCE SUMMARY

DATE	BALANCE
12/31	1,466.27
1/4	1,308.27

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

How to Balance your Account

Page: 2 of 2

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	1,308.27
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		2

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		4

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		4

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.

Valley National Bank



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

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Page: 1
Chks Paid: 5
Statement Date: 01/31/17
Account Number:

Indicate to the right any changes of address.
Cut at the dotted line and return this form to:
Valley National Bank, Customer Service Department,
1445 Valley Road, Wayne, NJ 07470

Street: _____
City, State, Zip: _____
Signature: _____

***** BusinessCHECKING 300
Non-Check Transactions

Date	Description	Amount
01/03	HORIZON TDU ACH PT ID: ACH010010288417	2,600.00
01/03	BANKCARD MTOT DISC ID: 543469430101030	310.88-
01/03	Deposit	525.00
01/04	HORIZON TDU ACH PT ID: ACH010010301816	649.49
01/04	BANKCARD BTOT DEP ID: 543469430101030	3,733.60
01/04	Deposit	974.00
01/05	UnitedHCMedicare MedInsPymt ID: 0166626911	78.10-
01/05	UnitedHCMedicare MedInsPymt ID: 0167665151	80.20-
01/05	UnitedHealthcare PREMIUM ID: 3184949601	364.46-
01/05	Deposit	1,100.00
01/06	SNJ-MED.ASST.PAY MD AST.PAY ID: 0175641AG973524	14,856.00
01/06	ADP PAYROLL FEES ADP - FEES ID: 2RGH8 9641032	15.00-
01/09	Deposit	70.00
01/09	BANKCARD BTOT DEP ID: 543469430101030	1,747.20
01/09	BANKCARD BTOT DEP ID: 543469430101030	3,546.40
01/09	Deposit	315.00
01/10	HORIZON TDU ACH PT ID: ACH010010329646	1,000.00
01/10	ADP EEPAY/GARNWC EEPAY/GARN ID: 632041820001GH8	326.26-
01/10	ADP Tax/401k Tax/401k ID: RZGH8 011101A01	17,763.39-

Report lost or stolen Valley Visa® Debit Card to: 888-379-9903

See other side for important information.

Valley National Bank

800-522-4100
valleynationalbank.com

Valley National Bank



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

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Page: 2

Statement Date: 01/31/17
Account Number:

Indicate to the right any changes of address.
Cut at the dotted line and return this form to:
Valley National Bank, Customer Service Department,
1445 Valley Road, Wayne, NJ 07470

Street: _____

City, State, Zip: _____

Signature: _____

***** BusinessCHECKING 300

Non-Check Transactions

Date	Description	Amount
01/10	ADP EEPAY/GARNWC EEPAY/GARN ID: 632041820000GH8	32,074.42-
01/11	BANKCARD BTOT DEP ID: 543469430101030	613.60
01/11	Deposit	766.00
01/12	BANKCARD MTOT DEP ID: 543469430101030	436.80
01/12	Deposit	563.00
01/13	HORIZON TDU ACH PT ID: ACH010010351479	775.00
01/13	SNJ-MED.ASST.PAY MD AST.PAY ID: 0175641AG977700	12,525.00
01/13	TRANSFER TO CK XXXXXXXX6241	5,000.00-
01/17	Deposit	723.00
01/17	TRANSFER TO CK XXXXXXXX9705	436.80-
01/17	BANKCARD BTOT DEP ID: 543469430101030	644.80
01/17	BANKCARD BTOT DEP ID: 543469430101030	1,133.60
01/18	HORIZON TDU ACH PT ID: ACH010010372290	750.00
01/18	HORIZON TDU ACH PT ID: ACH010010364848	4,850.00
01/18	BANKCARD BTOT DEP ID: 543469430101030	2,007.20
01/18	Deposit	722.80
01/18	Deposit	363.00
01/19	HORIZON TDU ACH PT ID: ACH010010379923	787.50
01/19	BANKCARD MTOT DEP ID: 543469430101030	1,809.60
01/20	HORIZON TDU ACH PT ID: ACH010010386944	800.00

Report lost or stolen Valley Visa® Debit Card to: 888-379-9903

See other side for important information.

Valley National Bank

800-522-4100
valleynationalbank.com

Valley National Bank



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

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Statement Date: 01/31/17
Account Number:

Indicate to the right any changes of address.
Cut at the dotted line and return this form to:
Valley National Bank, Customer Service Department,
1445 Valley Road, Wayne, NJ 07470

Street: _____
City, State, Zip: _____
Signature: _____

***** BusinessCHECKING 300
Non-Check Transactions

Date	Description	Amount
01/20	SNJ-MED.ASST.PAY MD AST.PAY ID: 0175641AG982312	22,260.00
01/20	ADP PAYROLL FEES ADP - FEES ID: 2RGH8 0573346	15.00-
01/20	CMS MEDICARE PREMIUMS ID: 0000	504.80-
01/20	CMS MEDICARE PREMIUMS ID: 0000	504.80-
01/23	Deposit	1,873.00
01/23	BANKCARD MTOT DEP ID: 543469430101030	436.80
01/23	BANKCARD BTOT DEP ID: 543469430101030	967.20
01/23	Deposit	1,326.00
01/24	HORIZON TDU ACH PT ID: ACH010010400846	4,445.00
01/24	ADP EEPAY/GARNWC EEPAY/GARN ID: 315028711516GH8	316.42-
01/24	ADP Tax/401k Tax/401k ID: RZGH8 012502A01	17,227.07-
01/24	ADP EEPAY/GARNWC EEPAY/GARN ID: 315028711515GH8	30,996.04-
01/25	ADP EEPAY/GARNWC EEPAY/GARN ID: 931001826166GH8	1,044.12
01/25	ADP PAYROLL FEES ADP - FEES ID: 2RGH8 1648145	189.90-
01/25	BANKCARD BTOT DEP ID: 543469430101030	1,643.20
01/25	ADP EEPAY/GARNWC EEPAY/GARN ID: 774064366137GH8	1.33-
01/25	ADP EEPAY/GARNWC EEPAY/GARN ID: 774064366136GH8	1,235.20-
01/25	Deposit	908.00

Report lost or stolen Valley Visa® Debit Card to: 888-379-9903

See other side for important information.



800-522-4100
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Valley National Bank

Document

Page 12 of 14

STATEMENT OF ACCOUNT



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

0

Page:

4

Statement Date: 01/31/17
Account Number:

Indicate to the right any changes of address.
Cut at the dotted line and return this form to:
Valley National Bank, Customer Service Department,
1445 Valley Road, Wayne, NJ 07470

Street:

City, State, Zip:

Signature:

***** BusinessCHECKING 300
Non-Check Transactions

Date	Description	Amount
01/26	AETNA AS01 HCCLAIMPMT TRN*1*817023390001037*1066033492	600.00
01/26	HORIZON TDU ACH PT ID: ACH010010415217	1,000.00
01/26	ADP Tax/401k Tax/401k ID: RZGH8 0559999VV	24.33-
01/26	BANKCARD BTOT DEP ID: 543469430101030	1,393.60
01/26	TRANSFER TO CK XXXXXXXX9705	133.60-
01/27	HORIZON TDU ACH PT ID: ACH010010421817	3,375.00
01/27	SNJ-MED.ASST.PAY MD AST.PAY ID: 0175641AG986906	22,884.00
01/27	TRANSFER TO CK XXXXXXXX6241	14,000.00-
01/30	Deposit	1,986.00
01/30	BANKCARD BTOT DEP ID: 543469430101030	1,300.00
01/30	BANKCARD BTOT DEP ID: 543469430101030	1,539.20
01/30	Deposit	2,308.00
01/31	BANKCARD BTOT DEP ID: 543469430101030	280.80-
01/31	Service Charge	6.00-

Checks in Order

Date	Number	Amount	Date	Number	Amount
01/06	1222	500.00	01/17	1227	150.00
	*		01/17	1228	1,500.00
01/13	1226	1,856.83	01/31	1229	1,749.60

(*) Check Number Missing or Check Converted to Electronic Transaction and Listed Under Non-Check Transactions

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Valley National Bank



PILGRIM MEDICAL CENTER INC
393 BLOOMFIELD AVE
MONTCLAIR NJ 07042-3741

0

Page: 5

Statement Date: 01/31/17
Account Number:

Indicate to the right any changes of address.
Cut at the dotted line and return this form to:
Valley National Bank, Customer Service Department,
1445 Valley Road, Wayne, NJ 07470

Street: _____
City, State, Zip: _____
Signature: _____

***** BusinessCHECKING 300
Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
12/30	30,067.97	01/11	11,051.55	01/23	56,837.62
01/03	32,882.09	01/12	12,051.35	01/24	12,743.09
01/04	38,239.18	01/13	18,494.52	01/25	14,911.98
01/05	38,816.42	01/17	18,909.12	01/26	17,747.65
01/06	53,157.42	01/18	27,602.12	01/27	30,006.65
01/09	58,836.02	01/19	30,199.22	01/30	37,139.85
01/10	9,671.95	01/20	52,234.62	01/31	35,103.45

Account Summary

Previous Statement Date: 12/30/16

Beginning Balance	+ Deposits	Interest + Paid	- Withdrawals	- Service Charge	= Ending Balance
30,067.97	132,676.71	.00	127,635.23	6.00	35,103.45

Statement from 12/31/16 Thru 01/31/17
YTD Interest Paid .00

COMMUNICATING WITH YOU IS IMPORTANT TO US!
Don't miss weather-related closures or special offer emails.
Take a moment and call our 24/7 Customer Service Team at
800-522-4100 or 973-305-8800 and provide or update
your email address.

Report lost or stolen Valley Visa® Debit Card to: 888-379-9903

See other side for important information.



800-522-4100
valleynationalbank.com



PILGRIM MEDICAL CENTER INC
353 WOODLAND AVE
MONTICELLO, NY 12541

DATE: 1/6/17

PAY TO THE ORDER OF: James Schwan \$ 500.00

FOR: Five Hundred Dollars For

20170105-004800261448 06000074005

1222

Check#:1222, Amount:\$500.00, Date:1/6

PILGRIM MEDICAL CENTER INC
353 WOODLAND AVE
MONTICELLO, NY 12541

DATE: 1/13/17

PAY TO THE ORDER OF: James Schwan \$ 1,856.83

FOR: Eighteen Hundred Fifty Six Dollars For

20170105-004800261448 06000074005

1226

Check#:1226, Amount:\$1,856.83, Date:1/13

PILGRIM MEDICAL CENTER INC
353 WOODLAND AVE
MONTICELLO, NY 12541

DATE: 1/17/17

PAY TO THE ORDER OF: James Schwan \$ 150.00

FOR: One Hundred Fifty Dollars For

20170105-004800261448 06000074005

1227

Check#:1227, Amount:\$150.00, Date:1/17

PILGRIM MEDICAL CENTER INC
353 WOODLAND AVE
MONTICELLO, NY 12541

DATE: 1/17/17

PAY TO THE ORDER OF: James Schwan \$ 1,500.00

FOR: Fifteen Hundred Dollars For

20170105-004800261448 06000074005

1228

Check#:1228, Amount:\$1,500.00, Date:1/17

PILGRIM MEDICAL CENTER INC
353 WOODLAND AVE
MONTICELLO, NY 12541

DATE: 1/31/17

PAY TO THE ORDER OF: James Schwan \$ 1,749.60

FOR: Seventeen Hundred Forty Nine Dollars For

20170130-004900362158 06000074001

1229

Check#:1229, Amount:\$1,749.60, Date:1/31